	S STATEMENT S (front and back) CAREFULLY ONTACT AT FILER [optional]	n	ate of Filing	: 09/2	22/2009	
CT Lien Soluti B. SEND ACKNOWLEDG CT Lien So P.O. Box 2	ons MENT TO: (Name and Address) olutions	Date of Filing: 09/22/2009 Time of Filing: 10:18:00 AM File Number : 2009-265-7986-8 Lapse Date : 09/22/2024				
1 DEBTOR'S EXACTED	ILL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b	o) - do not abbreviate or combine nar		E IS FOI	R FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NA		у-чотогавыечисе огостыпени	1100			
OR Easterday Fa	arms Produce, Co.	FIRST NAME		MIDDLE N	NAME	SUFFIX
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
1427 N 1st Aven	ule	Pasco		WA	99301	USA
		1f. JURISDICTION OF ORGAI	NUZATION	1g. ORGA	NIZATIONAL ID #, if any	
1d. <u>SEEINSTRUCTIONS</u>	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Corporation	WA	NIZATION	-	72960	NONE
2. ADDITIONAL DEBTOR	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one or	WA		6016	72960	NONE
	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one or	WA		6016	72960	NONE
2. ADDITIONAL DEBTOR	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the control of the co	WA	obreviate or combine nar	6016		NONE
2. ADDITIONAL DEBTOR	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the control of the co	WA debtor name (2a or 2b) - do not ab	breviate or combine nar	6016		<u>-</u>
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA OR 2b. INDIVIDUAL'S LAST I	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the control of the co	WA debtor name (2a or 2b) - do not ab	breviate or combine nar	6016 mes MIDDLE N	NAME	SUFFIX
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S N/ 2b. INDIVIDUAL'S LAST I 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the composition of the compositio	WA debtor name (2a or 2b) - do not ab FIRST NAME CITY 2f. JURISDICTION OF ORGAN	obreviate or combine nar	6016 mes MIDDLE N	NAME POSTAL CODE	SUFFIX
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST I 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S NA	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the composition of the compositio	WA debtor name (2a or 2b) - do not ab FIRST NAME CITY 2f. JURISDICTION OF ORGAN	obreviate or combine nar	6016 mes MIDDLE N	NAME POSTAL CODE	SUFFIX
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S N/ 2b. INDIVIDUAL'S LAST I 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N/ Rabo Agrifin	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the composition of the compositio	WA debtor name (2a or 2b) - do not ab FIRST NAME CITY 2f. JURISDICTION OF ORGAL P) - insertonly one secured party na	nbreviate or combine nar	6016 nes MIDDLE N STATE 2g. ORGA	NAME POSTAL CODE INIZATIONAL ID #, if any	SUFFIX COUNTRY
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST II 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S NA Raho Agrifin	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the composition of the compositio	WA debtor name (2a or 2b) - do not ab FIRST NAME CITY 2f. JURISDICTION OF ORGAN	nbreviate or combine nar	6016 mes MIDDLE N	NAME POSTAL CODE INIZATIONAL ID #, if any	SUFFIX
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S N/ 2b. INDIVIDUAL'S LAST I 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N/ Rabo Agrifin	ORGANIZATION Corporation R'S EXACT FULL LEGAL NAME - insert only one of the composition of the compositio	WA debtor name (2a or 2b) - do not ab FIRST NAME CITY 2f. JURISDICTION OF ORGAL P) - insertonly one secured party na	obreviate or combine nar	6016 nes MIDDLE N STATE 2g. ORGA	NAME POSTAL CODE INIZATIONAL ID #, if any	SUFFIX COUNTRY

All of the following described property now owned or hereafter acquired by the Debtor (collectively, the "Collateral"):

- (a) Accounts, contract rights, documents, documents of title, payment intangibles, investment property, chattel paper, instruments and deposit accounts.
- (b) Inventory.
- (c) Equipment.
- (d) Fixtures.
- (e) Farm products.
- (f) General intangibles, including, but not limited to, all Intellectual Property (defined

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		the REAL 7. Check to REQUE [ADDITIONAL FE	ST SEARCH REPORT	(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

PAGE 1 OF 2

WA-0-20244288-33313843-F-413058 Easterday TN

Continuation of section 4 collateral

4. This FINANCING STATEMENT covers the following collateral:

herein).

- (g) Accessions, attachments and other additions to the Collateral, and all tools, parts and equipment used in connection with the Collateral.
- (h) Substitutes or replacements for any Collateral, all proceeds, products, rents and profits of any Collateral, all rights under warranties and insurance contracts covering the Collateral, and any causes of action relating to the Collateral.
- (i) Books and records pertaining to any Collateral, including but not limited to any computer-readable memory and any computer hardware or software necessary to process such memory ("Books and Records").

E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 USA		Time of Filing: 08 File Number : 20 Lapse Date : 09		M M	
END ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071					
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	\neg	-	/04/2023		
P.O. Box 29071 Glendale, CA 91209-9071	I				
Glendale, CA 91209-9071					
	1.1				
		THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use of ame will not fit in line 1b, leave all of item 1 blank, check here and and 1a. ORGANIZATION'S NAME		modify, or abbreviate any part or information in item 10 of the f			
Easterday Farms Produce, Co.					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
127 N. 1st Avenue	Pasco		WA	99302	USA
127 N 1st Avenue ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME	Pasco OR SECURED PARTY): Pro	vide only <u>one</u> Secured Party na	WA me (3a or 3b)	99302	USA
Rabo AgriFinance LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
O. Box 411995	St. Louis		-	63141	USA
	Dt. Louis		1111		USA

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11) PAGE 1 OF 5

FOLLO	OW INSTRUCTIONS							
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here					Date of Filing : 09/04/2018 Time of Filing : 08:31:00 AM			
18	a. ORGANIZATION'S NAME				0			
E	asterday Farms Produce, Co.			File Numbe Lapse Date		18-247-0639-4 04/2023		
OR 18	b. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
				THE ABOVE	SPACE I	S FOR FILING OFFICE	ISF ONLY	
19. AD	DITIONAL DEBTOR'S NAME: Provide only one Debtor na	ame (19a or 19	9b) (use exact, full name; d					
	a. ORGANIZATION'S NAME							
OR 40	b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		APPITIO	LIAL NAME (C) (INITIAL (C)	TOUEEN	
	asterday		Cody		Allen	NAL NAME(S)/INITIAL(S)	SUFFIX	
	Alling Address		CITY			POSTAL CODE	COUNTRY	
	Bellflower Road		Mesa			99343	USA	
20. AD	DITIONAL DEBTOR'S NAME: Provide only one Debtor na	ame (20a or 2	I 0b) (use exact, full name; d	lo not omit, modify, or al	obreviate an	y part of the Debtor's name)		
20	a. ORGANIZATION'S NAME							
OR 20	b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
E	Casterday		Cody					
	AILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
830	Bellflower Road		Mesa		WA	99343	USA	
	DITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor na a. ORGANIZATION'S NAME	ame (21a or 2	1b) (use exact, full name; d	o not omit, modify, or al	obreviate an	y part of the Debtor's name)		
OR			LEIDOT DEDOONAL NAME		Lange		Tourny	
21	b. Individual's surname Casterday		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) Dee		SUFFIX	
- 1	Alling Address		Jody		STATE	POSTAL CODE	COUNTRY	
	5 W. Dradie St.		Pasco		WA		USA	
22.	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNO	OR SECURED PART	Y'S NAME: Provide	only <u>one</u> na	me (22a or 22b)		
22	a. ORGANIZATION'S NAME							
OR 22	b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
22c. M	AILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
23.	ADDITIONAL SECURED PARTY'S NAME or OPENANTATIONIS NAME	ASSIGNO	OR SECURED PART	Y'S NAME: Provide	only <u>one</u> na	me (23a or 23b)		
23	a. ORGANIZATION'S NAME							
OR 23	b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
23c. M	AILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
24 MI	SCELLANEOUS:							

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	Date of Filing: 09/04/2018 Time of Filing: 08:31:00 AM			
18a, ORGANIZATION'S NAME				
Easterday Farms Produce, Co.		File Number : 20: Lapse Date : 09/	18-247-0639-4 04/2023	
OR 18b. INDIVIDUAL'S SURNAME		1		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
, , , , , , , , , , , , , , , , , , ,		THE ABOVE CRACE I	C FOR FILING OFFICE	UCE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	r 10h) (use exect full name: de r		S FOR FILING OFFICE	USE ONLY
19a. ORGANIZATION'S NAME	(use exact, full flame, do i	iot offitt, modify, of abbreviate an	y part of the Debtor's Hame)	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Jody			
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7915 W. Dradie St.	Pasco	WA	99301	USA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a o	r 20b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name	
20a. ORGANIZATION'S NAME				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Gale	Allen	Į.	
20c. MAILING ADDRESS	CITY	-	POSTAL CODE	COUNTRY
631 Bellflower Road	Mesa	WA	99343	USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a o	r 21b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name	
21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday 21c. MAILING ADDRESS	Gale	OTATE	POSTAL CODE	COLINTDY
21c. MAILING ADDRESS 631 Bellflower Road	Mesa	$\mathbf{W}\mathbf{A}$		COUNTRY
				USA
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	'S NAME: Provide only one na	me (22a or 22b)	
22d. ORGANIZATION 3 NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	'S NAME: Provide only <u>one</u> na	me (23a or 23h)	
23a. ORGANIZATION'S NAME		<u> </u>	(200 0. 202)	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
230. INDIVIDUAL S SURINAINE	I INST FERSONAL NAME	ADDITIO	VAL IVAIVIE(S)/IIVITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
200. III. IEI IO NEENEO	0111	JOIAIE	. 55///2 55002	
24 MISCELLANEOUS:				

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDITIONAL PARTY (Form UCC1AP) (Rev. 08/22/11) PAGE 3 OF 5 International party (Form UCC1AP) (Rev. 08/22/11)

FOLLO	W INSTRUCTIONS							
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here				Date of Filin				
188	a. ORGANIZATION'S NAME				Time of Fili	_		
E	asterday Farms Produce, Co.				File Number Lapse Date		18-247-0639-4 04/2023	
OR 18b	o. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
					THE ABOVE	SPACE I	S FOR FILING OFFICE	USE ONLY
19. ADI	DITIONAL DEBTOR'S NAME: Provide only one Debtor r	name (19a or 19	9b) (use exact, full name;	; do no				
	a. ORGANIZATION'S NAME		, (,	,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 40h								
190	D. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	ME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	asterday		Debby				I====:	
	NILING ADDRESS Bellflower Road		Mesa			WA	POSTAL CODE 99343	COUNTRY
	DITIONAL DEBTOR'S NAME: Provide only one Debtor range. a. ORGANIZATION'S NAME	name (20a or 2	0b) (use exact, full name	e; do no	ot omit, modify, or abl	breviate an	y part of the Debtor's name	1
OR 20b	D. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	ME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
E	asterday		Karen			Louis	se	
20c. MA	AILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
631	Bellflower Road		Mesa			WA	99343	USA
21. AD	DITIONAL DEBTOR'S NAME: Provide only one Debtor r	name (21a or 2	1b) (use exact, full name;	; do no	ot omit, modify, or abl	oreviate an	y part of the Debtor's name	
21a	a. ORGANIZATION'S NAME							
OR	o. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	45		ADDITIO	IAL MANE (O) (INITIAL (O)	Tourry
	asterday		Karen	VIE		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
- 1	ALLING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
	Bellflower Road		Mesa			WA		USA
	ADDITIONAL SECURED PARTY'S NAME or	J ASSIGNO	OR SECURED PAR	RTY'S	S NAME: Provide o			1 0 0 - 1
	a. ORGANIZATION'S NAME		SI OLOGICED I 711		5 IVAIVIL. I TOVIGE O	illy <u>one</u> na	me (22a or 22b)	
OR 22b	. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	ME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MA	AILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
		7						
	ADDITIONAL SECURED PARTY'S NAME <u>or</u> a. ORGANIZATION'S NAME	ASSIGNO	OR SECURED PAR	RTY'S	S NAME: Provide o	nly <u>one</u> na	me (23a or 23b)	
238	A. ONGANIZATION & NAIVIE							
OR 23b	o. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	ME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MA	AILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
24 MIS	SCELLANEOUS:		1				1	

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDITIONAL PARTY (Form UCC1AP) (Rev. 08/22/11) PAGE 4 OF 5 International party (Form UCC1AP) (Rev. 08/22/11)

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	Date of Filing: 09/			
18a. ORGANIZATION'S NAME		Time of Filing: 08		
Easterday Farms Produce, Co.		File Number : 20 Lapse Date : 09	18-247-0639-4 /04/2023	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
	Lauren.			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	Ob) (f.ll d.		S FOR FILING OFFICE	USE ONLY
19a. ORGANIZATION'S NAME	9b) (use exact, full name; do r	not omit, modify, or appreviate ar	y part of the Debtor's name)	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
Wills	Andrew	H	H	
19c. MAILING ADDRESS 7915 W. Dradie St.	Pasco	STATE	99301	COUNTRY
 ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 20a, ORGANIZATION'S NAME 	20b) (use exact, full name; do i	not omit, modify, or abbreviate a	ny part of the Debtor's name)	1
20a. ONOANIZATION O NAIVIE				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Wills	Andrew			
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7915 W. Dradie St.	Pasco	WA	99301	USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2.00.11.00.12.000.11.00.11.00		7.551110		
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	'S NAME: Provide only one na	me (22a or 22b)	-1
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	T	Linning		- Income of the second
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	'S NAME: Provide only one na	me (23a or 23b)	
23a. ORGANIZATION'S NAME				
OB				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
an MANUNG APPRESS	OUTV	27/	IDOOTAL OOSS	00111:
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24 MISCELLANEOUS:				

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDITIONAL PARTY (Form UCC1AP) (Rev. 08/22/11) PAGE 5 OF 5 International party (Form UCC1AP) (Rev. 08/22/11)